

NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM

Today's Date: ____/____/____

PLEASE PRINT LEGIBLY

☐

New to Northamp-

☐

I have updated my Information

ADULT 1

ADULT 2

Name _____

Name _____

Address _____

Address _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

EMERGENCY CONTACT OTHER THAN PARENT

Name _____

Photo Release: May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?

☐☐

PARTICIPANT'S FULL NAME: _____ Gender _____

Current Grade _____

Date of Birth _____ School _____

			\$	\$
			\$	\$

TOTAL FEE FOR PARTICIPANT \$

Special Considerations/Comments (Use back if necessary) _____

Recreational and Volunteers Activities Release Form

I, the undersigned, do hereby consent to my participation in voluntary or recreation programs of the City of Northampton.

I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Northampton voluntary activities or programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this form, I affirm that I have decided to par-

Charge my VISA ____ Master Card ____ Discover ____ Card # _____ Expiration _____

Office Use Only: Amt Rec'd \$ _____ Cash ____ Check # _____ Credit ____ Date _____ RT Date _____ Staff _____